



Anticancer Therapy Prescribing Procedure

1. Purpose

The purpose of this procedure is to document WACHS Cancer Services specific minimum practice standards that are not already included in WA Health or WACHS policy documents for prescribing of **ADULT** patients' systemic anticancer therapy (SACT) throughout the WA Country Health Service (WACHS).

This procedure pertains to **all anticancer therapy** prescribed for the treatment of adults with cancer at all WACHS Designated Cancer Treatment Units (DCTU), which includes Regional Cancer Units and TeleChemotherapy Units.

The routes of anticancer therapy prescribing included in this procedure are:

- oral
- subcutaneous
- intramuscular
- intravenous
- intravesical.

This document is to be used in conjunction with:

- [Systemic Anticancer Therapy Procedure](#)
- [TeleChemotherapy Policy](#)
- [Cancer Institute NSW, Cancer Treatments Online - eviQ](#)
- The Clinical Oncology Society of Australia (COSA) [Guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy](#)
- Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards [User Guide for Medication Management in Cancer Care](#)
- Australian Government Cancer Australia [Optimal Cancer Care Pathways](#) and [Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer](#)
- [Related WA Health and WACHS Policy](#)
- Further information relating to specialty areas including Child and Adolescent Health Service (CAHS), Women and Newborn Health Services (WHNS) can be found via [HealthPoint](#).

Excluded from this Procedure:

- administration of SACT to children with cancer
- all other routes of administration
- administration at sites other than DCTUs
- administration of systemic treatment for non-cancer diagnosis.

2. Procedure

2.1 Governance

The Cancer Institute of NSW [eviQ Cancer Treatments Online](#) is supported for use in clinical practice by WACHS.

The electronic Oncology Management System (OMS) is to be used to prescribe, order, verify and administer medication with an anticancer intent at WACHS designated cancer treatment units (DCTU). The OMS utilised at WACHS is a shared application between the South Metropolitan Health Service (SMHS) and the WA Country Health Service (WACHS) at the sites that provide cancer services.

The [MR860 Antineoplastic Therapy charts](#) and the [MR170G WACHS Antineoplastic Therapy charts](#) are to be used to prescribe, dispense and administer medication with an anticancer intent at WACHS DCTUs that don't have access to the OMS. The charts are not to be used at any other WACHS site without the permission of the Regional Cancer Centre Governance Groups.

If a protocol listed by eviQ or a protocol endorsed by the Regional Medicines and Therapeutics Committee (MTC) in conjunction with the WACHS Cancer Clinical Governance Group (CCGG) is not available within the MR 860 or MR 170G charts, contact the WACHS Cancer Pharmacist wachscancerpharmacist@health.wa.gov.au to request a new WACHS Antineoplastic Therapy Chart and complete [Appendix B](#) Request for New Antineoplastic Therapy Chart.

Requests to administer protocols not endorsed for use by WACHS are to be accompanied by peer reviewed evidence and submitted to the WACHS Cancer Clinical Governance Group (CCGG) for subject matter expert recommendations **before** prescribing, dispensing and administration. Tertiary input may be required.

The regional governance committee is responsible for endorsing the recommendations. See [Appendix C](#) for further detail on the Regional and WACHS CCGG Escalation Process.

WACHS DCTUs are to have:

- a multidisciplinary approach to determine the safety of a patient receiving a specific endorsed protocol that considers patient factors, risk profile of the protocol and the capability of the site to manage the anticipated and unplanned toxicities of the treatment
- clearly documented governance arrangements to ensure that consumer consultation, leadership, accountability, clinical governance, occupational safety and health and strategic and operational plans are documented to support the prescribing, ordering, dispensing and administration of antineoplastic treatment for cancer
- meet the WA Health Clinical Service Framework 2014 - 2024 medical oncology/haematology minimum service definitions for the level of clinical service provided at each site
- escalate clinical governance issues to the WACHS Cancer Clinical Governance Group as per the escalation process - see [Appendix D](#).

2.2 Prescribing

Medical officers prescribing SACT must be registered with Australian Health Practitioner Regulation Agency (AHPRA) as a Medical Oncologist or Haematologist and credentialed with WACHS. Advanced trainees are to prescribe anticancer therapy under the supervision of a consultant.

A WACHS Generic Cancer Treatment Chart MR 170G is to be used to prescribe eviQ endorsed protocols when a suitable chart is not available at WACHS DCTUs that don't have access to the OMS. This can be obtained on request from the cancer pharmacist.

The MR 860 Antineoplastic Therapy charts support prescribing and are under the governance of WACHS. Any requests for changes to the charts are to be escalated to the WACHS Cancer Pharmacist. No electronic alterations are to be made to the MR 860 or MR 170G charts by WACHS staff/ contracted providers. Whiteout and erasers are not to be used on the MR 860 or MR 170G.

Dose adjustments or other protocol changes based on the patient's clinical assessment are to be documented with rationale provided and signed or electronically authorised by the prescriber on the medication order and in the healthcare record.

When a patient has a dose reduction applied at short notice and their medicine/s have been prepared and are onsite ready for administration, this can result in delay of the treatment and is to be considered when making clinical decisions related to the appropriateness of an individual patient's treatment at a DCTU.

Minimum prescription requirements are to be in accordance with the WACHS [Medication and Administration Policy](#). In addition to above, the medication order is to have:

- three unique identifiers: patient's full name, date of birth and unique medical record number (UMRN). Note: patient identity is to be verified throughout anticancer therapy
- weight/height and body surface area (BSA)
- BSA if applicable, is to be calculated using the Mosteller formula

$$BSA (m^2) = \sqrt{\frac{height (cm) \times weight (kg)}{3600}}$$

- All known medication allergies and/or adverse drug reactions (ADRs) must be recorded on the medication order or in the allergy section of the patient record in the OMS. The type of known reaction and date of occurrence must also be documented in the patient healthcare record. If no allergies are reported by the patient, then 'nil known allergies' is to be recorded.
- If an accompanying PBS prescription is required, the above parameters must be fulfilled and the medication order is to comply with legal, PBS and clinical requirements. eMedication is the preferred prescribing system endorsed for use in WACHS for prescribing accompanying PBS prescriptions outside of the OMS.

2.3 Treatment Planning and Documentation

The decision to proceed with SACT is to be clearly documented by the medical oncologist/haematologist in the patient's healthcare record and is to be reviewed prior to each treatment. An authorised medication order does not replace the requirement for a documented 'go ahead' in the healthcare record.

2.4 Consent

Consent must be documented on the [MR 59A WACHS Cancer Services – Patient Consent to Cancer Treatment](#) and is specific for both protocol and duration of treatment. Refer to the WACHS [Consent to Treatment Policy](#) and WACHS [Systemic Anticancer Therapy Procedure](#) for more detail on consent to treatment. Appropriately trained interpreters or cultural support person(s) are to be provided where deemed appropriate or at the request of the patient and caregiver(s).

3. Roles and Responsibilities

The **Medical Oncologist/Haematologist** is responsible for:

- managing all the medical oncology/haematology components of the treatment plan
- prescribing anticancer treatment, supportive medications and intravenous fluids
- consulting with the patient before each cycle of treatment or at pre-determined intervals as clinically appropriate
- presenting the patient at a tumour specific multidisciplinary team meeting as clinically appropriate
- making decisions regarding the safety of administering the prescribed protocol to a patient at a WACHS DCTU
- obtaining and documenting informed consent on the MR 59A WACHS Cancer Services - Patient Consent to Cancer Treatment
- documenting a treatment plan in the patient's healthcare record
- Completing the medication order in accordance with the legislative requirements and the [COSA Guidelines](#)
- identifying and documenting allergies and previous adverse drug reactions
- requesting and reviewing the relevant laboratory and diagnostic tests prior to the commencement of each cycle
- being contactable by telephone to assist with the management of the immediate adverse effects of SACT
- managing the delayed and long-term effects of therapy
- obtaining Individual Patient Approval (IPA) using the WA Individual Patient Approval System where a non-formulary medicine or a protocol is not endorsed for use
- applying to the Chair of the Regional Medicines and Therapeutics Committee for approval for a medication access program (MAP)
- documenting dose modifications on the medication order and in the healthcare record
- communicating with the local on-site medical officer the possibility of adverse events related to the treatment
- where appropriate the medical oncologist/haematologist is to inform patients and caregiver(s) of the teratogenic risk of SACT on fertility and provide options for fertility preservation
- being contactable during WACHS DCTU operating hours for treatment related questions and to assist with the management of the immediate adverse effects of SACT.

The **onsite local medical officer** is responsible for:

providing supportive care for the patient during the admission if required

- clinical review on admission to the service and management of clinical issues as per assessment
- management of acute adverse events and delayed effects and the escalation of patient care as clinically appropriate
- liaising with the medical oncologist/haematologist when the patient, carer or clinician is concerned in any way.

The **Cancer Pharmacist** is responsible for:

- ensuring the medication order is compliant with legal, PBS and clinical requirements.
- clinically verifying all prescribed anticancer therapy including oral anticancer treatment and signing the medication order or verifying electronically (using their HE number and password) in the OMS to indicate pharmacy verification has been completed
- documenting the pharmacist verification in a standardised format in line with [COSA Guidelines](#)
- reviewing laboratory results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, ensure results are within acceptable parameters, or otherwise escalated to the prescriber
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- documenting an up to date, best possible medication history (BPMH) in the healthcare record in line with [COSA Guidelines](#) and WACHS [Medication Review Procedure](#)
- discussing discrepancies in the order with the prescriber
- supply of the medication order components in a timely manner, within dose banding limits where applicable
- ensuring access to supply of supportive medications, medications for emergency management of anaphylaxis and hypersensitivity and extravasation antidotes
- ensuring no known allergies or the allergy and adverse drug reaction history has been recorded
- ensuring the medication order contains the hospital site name, address and provider number
- provision of education to patients, carers and health professionals.

The **Clinical Nurse Consultant – Oncology Coordinator/ TeleChemotherapy** is responsible for:

- review, triage, accepting or redirecting the referral in collaboration with the medical oncologist/haematologist
- completing a clinical governance process and escalating to both regional CCGG and WACHS CCGG (when required)
- referral to appropriate support (inclusive of Aboriginal Health Worker (AHW)/Aboriginal Liaison Officer (ALO) and Allied Health services) as required
- notifying the regional clerical staff to schedule a forthcoming appointment in collaboration with the cancer services nursing team
- notifying the cancer pharmacist of the upcoming appointment and any changes to the treatment plan.

The **Chemotherapy Competent Nurse** is responsible for:

- nursing care in accordance with the [COSA Guidelines](#)
- nursing admission to the service as per the MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults
- completing pre-treatment education and nursing assessment prior to the commencement of anticancer therapy at the DCTU
- ensuring the correct administration equipment/giving set and Personal Protective equipment (PPE) is available
- understanding the nursing care required for the specific protocol including pre and post medications, fluid requirements, extravasation and hypersensitivity potential
- identifying and documenting allergies and adverse drug reactions

- reviewing laboratory results within 24 to 48 hours of anticancer therapy administration or as clinically appropriate for the protocol, ensure results are within acceptable parameters, or otherwise escalated to the prescriber
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- validating informed consent prior and ensuring consent has been documented prior to the administration of anticancer therapy
- independently completing the time-out checklist
- administering or confirmation of self-administration of medications as per the medication order
- signing the medication order with date and time, or electronically (using their HE number and password) in the OMS to indicate the medication has been administered
- referral to support (inclusive of AHW/ALO) and allied health services
- documenting the treatment has been administered, including toxicity assessment and other relevant clinical assessment details
- ensuring the completed medication chart is sent for scanning to the healthcare record.

The **WACHS Executive Sponsor Cancer Services** is responsible for monitoring the performance of the regional cancer centres using the agreed performance indicators.

The **WACHS Medicines and Therapeutics Committee** is responsible for endorsing policy documents and forms relevant to medication management and safety of systemic anticancer therapies.

The **WACHS Cancer Clinical Governance Group** is responsible for:

- endorsing policy documents and forms relevant to systemic anticancer therapies
- providing overarching governance of development and review of cancer treatment protocols, prescribing tools and related processes
- providing advice, information and regular updates on the processes related to the development, endorsement and review of cancer treatment protocols and prescribing tools.

The **Regional Cancer Clinical Governance Group** is responsible for:

- promoting the quality framework required for the region to implement safe and effective cancer care. The group will function to ensure safe and evidence-based care is provided to country patients and all practices meet the Australian Commission on Safety and Quality in Healthcare - National (ACSQHC) and Quality Health Service Standards (NSQHSS)
- providing clinical governance and leadership over regional cancer services
- reviewing relevant policies, procedures and processes to ensure the safe and efficient delivery of evidence-based cancer and palliative care in the region
- promoting professional development as an integral part of cancer service provision in the region
- ensuring cancer services in the region are monitored and evaluated to meet best practice consideration to consumer/carer and stakeholder expectations and satisfaction
- minimising clinical risk and identify improvement opportunities through measurement and clinical review
- making recommendations to rectify gaps in delivery of cancer care in the region.

All WACHS employees take reasonable care to ensure his or her own safety and health at work and to avoid adversely affecting the safety or health of any other person by:

- following all instructions and safe working procedures established to protect their safety and that of others
- reporting all identified hazards and accidents/incidents in the workplace to their line manager utilising a [Safety Risk Report Form](#) (SRRF)
- carry out duties within their specified responsibilities and duties as defined in their Job Description Form (JDF)
- comply with local policy and procedure.

All WACHS clinical staff are accountable for their own practice and are to provide care:

- within their registration status
- in accordance with the codes and guidelines approved by their relevant National Board supported by AHPRA
- within their scope of practice and competence
- within their prescribed responsibilities and duties as defined in their JDF
- within the context of practice that they are operating
- as per local policy and procedure.

All staff are required to work within policies and procedures to make sure that WACHS is a safe, equitable and positive place to be. All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies, procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of compliance with this document is to be carried out by WACHS Cancer Services annually using the following means or tools:

- region, site, department (via webPAS data)
- [WACHS Antineoplastic therapy audit](#) results.

Compliance, monitoring and evaluation is the responsibility of RCCGG, Clinical Nurse Managers of the Cancer Treatment Units, Operations Managers and Regional Pharmacists at each site.

This document will be reviewed as required to determine effectiveness, relevance and currency. At a minimum, it will be reviewed every 3 years by the WACHS Cancer Clinical Governance Group and endorsed by the WACHS Medication Safety Committee.

Any issues or concerns are to be escalated to the [WACHS Cancer Clinical Governance Group](#).

5. References

The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care 2020 [Internet]. Sydney NSW (Australia): 2017 [cited 2020 April 30]. Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-medication-management-cancer-care>

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards 2nd Ed. [Medication Safety Standard 4](#). Sydney: ACSQHC; 2017. p. 29-36.

Mosteller R.D. Simplified calculation of body-surface area. N Engl J Med 1987 Oct 22;317(17):1098) [cited 2020 June 29] Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/3657876>.

Clinical Oncological Society of Australia. Guidelines for the Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy [Internet]. Sydney NSW (Australia): 2008 [cited 2020 April 30]. Available from: <https://app.magicapp.org/#/guideline/n3QAOj>

Australian Commission on Safety and Quality in Health Care. National Indicators for the Quality use of Medicines in Australian Hospitals [Internet]. Sydney NSW (Australia): 2014 [cited 2020 June 23] Available from: <https://www.safetyandquality.gov.au/our-work/medication-safety/national-indicators-quality-use-medicines-qum-australian-hospitals>

6. Definitions

Term	Definition
Carer	A carer is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness, or a mental illness, or who is frail. This includes family members who may not identify as carers. Carers may receive an allowance from government to support them to provide care to an individual.
Chemotherapy competent	A Chemotherapy competent nurse is a nurse who has completed the relevant modules and clinical assessments of the WACHS endorsed eviQ Anti-cancer drug administration course .
Cytotoxic	A Cytotoxic agent is a drug/medication capable of disrupting growth and function of both healthy and diseased cells. Various mechanisms of action
Healthcare Record	A healthcare record is a record (paper-based or electronic) of a patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, medication order records and medication charts for an episode of care.
Medication Order	A medication order is a written instruction issued by an authorised individual, in accordance with the regulation, authorising any specified health practitioners (within their scope of practice) to dispense, supply and

	<p>administer (not prescribe) a specified medication in circumstances specified within the instruction. Medication orders can be electronically generated, pre-printed forms or handwritten orders. Examples include: WACHS supported speciality medication chart, an electronic order in an approved OMS, and other verbal-electronic means.</p> <p>The medication order for anticancer therapy should present the treatment information in a clear, consistent and unambiguous manner and include all supportive therapy associated with the protocol.</p>
Nurse	A Nurse, in the context of this procedure, includes Registered Nurses and Medication Administration competent Enrolled Nurses (EN) (i.e. excludes ENs who have a notation on their registration which advises that they have not completed medication administration education)
Oncology Management System	<p>An Oncology Management System is an end-to-end Electronic Medication Management (eMM) System supporting treatment for haematology and oncology patients. The system includes a central library of systemic anticancer therapy pathways, pharmacy management, patient scheduler, prescribing, administration and reporting. An Oncology Management System (OMS) improves patient safety by removing paper and related prescribing and administration errors.</p> <p>The OMS - Charm® is endorsed for use in WACHS.</p>
Patient	A patient is a person who is receiving care in a health service organisation
Protocol	A protocol is an evidence-based regimen of medications to treat cancer that is endorsed for clinical use by WACHS
Systemic Anticancer Therapy	Systemic Anticancer Therapy (SACT) are medications used to treat cancer, including all chemotherapy, immunotherapy, targeted therapy, and hormone therapy
TeleChemotherapy	TeleChemotherapy is a model of care that enables regional medical oncology and haematology patients to receive low risk cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via video supervision
Telehealth	Telehealth is the provision of healthcare remotely by means of telecommunications technology

7. Document Summary

Coverage	WACHS-wide
Audience	Medical, nursing, pharmacy, clerical and any staff who work with systemic anticancer therapies
Records Management	Health Record Management Policy
Related Legislation	<p>Health Practitioner Regulation National Law Application Act 2024 (WA)</p> <p>Medicines and Poisons Act 2014 (WA)</p> <p>Medicines and Poisons Regulations 2016 (WA)</p> <p>Therapeutic Goods Act 1989 (Cth)</p> <p>Therapeutic Goods Regulations 1990 (Cth)</p> <p>Therapeutic Goods (The Poisons Standard)</p> <p>Voluntary Assisted Dying Act 2019 (WA)</p> <p>Work Health and Safety Regulations 2022 (WA)</p>
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 Clinical Handover Policy • MP 0122/19 Clinical Incident Management Policy 2019 • MP 0175/22 Consent to Treatment Policy • MP 0130/20 Complaints Management Policy • MP 0084/18 Credentialing and Defining Scope of Clinical Practice Policy • MP 0072/17 Health Technology Governance Policy • MP 0131/20 High Risk Medication Policy • MP 0144/20 Information Retention and Disposal Policy • MP 0067/17 Information Security Policy • MP 0104/19 Medication Review Policy • MP 0094/18 My Health Record (MHR) Policy • MP 0134/20 National Safety and Quality Standards Accreditation Policy • MP 0053/17 Patient Alert Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0077/18 Statewide Medicines Formulary Policy • Clinical Governance, Safety and Quality Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard • Anticancer Therapy Prescribing Procedure • Assessment and Management of Inter-Hospital Patient Transfers Policy • Central Venous Access Devices (CVAD) and Long Peripheral Venous Catheter (PVC) Management • Cancer Services Referral Procedure • Chaperone Policy • Day Infusions Policy • Documentation - Clinical Practice Standard • Environmental Cleaning Policy

	<ul style="list-style-type: none"> • Falls Prevention and Management – Clinical Practice Standard • Goals of Patient Care Guideline • Hazard and Incident Management Procedure • Health Record Management Policy • High Risk Medications Procedure • Infection Prevention and Control Policy • Interhospital Clinical Handover Form Procedure • Malignant Spinal Cord Compression - Clinical Practice Standard • Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure • Medication Handling and Accountability Policy • Medication Prescribing and Administration Policy • Medication Review Procedure • Nursing Management of the Neutropenic ADULT Haematology and Oncology Patient Procedure • Patient Identification Policy • Personal Protective Equipment (PPE) Procedure • Peripheral Intravenous Cannula (PIVC) Guideline • Pressure Injury Prevention and Management Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Safe Handling and Administration of Monoclonal Antibodies Guideline • TeleChemotherapy Policy • Waste Management Policy • Work Health and Safety Policy
<p>Other Related Documents</p>	<ul style="list-style-type: none"> • ACSQHC Australian Open Disclosure Framework • ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines • ACSQHC Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation • ACSQHC User Guide for Medication Management in Cancer Care 2020 • Cancer Institute of NSW eviQ Cancer Treatments Online • DoH WA Health Clinical Risk Management Guidelines • DoH National Hand Hygiene Initiative in Western Australian Healthcare Facilities • DoH Post Fall Multidisciplinary Management Guidelines for Western Australian Health Care Settings 2023 • DoH Working with Consumers and Carers Toolkit
<p>Related Forms</p>	<ul style="list-style-type: none"> • MR59 WACHS Cancer - Coordination Admission Form • MR59.1 WACHS Cancer Services – Triage Admission Form

- [MR59A WACHS Cancer Services - Consent to Cancer Treatment](#)
- [MR59B WACHS Cancer Services - My Education Checklist](#)
- [MR59C WACHS Cancer Services - Nursing Assessment and Care Plan](#)
- [MR59C.1 WACHS Cancer Services - Distress Thermometer](#)
- [MR59C.2 WACHS Cancer Services – Immunotherapy Assessment Tool](#)
- [MR59C.3 WACHS Cancer Services – Oral Mucositis Assessment Tool](#)
- [MR59C.4 WACHS Cancer Services – Antineoplastic Drug Extravasation Assessment Tool](#)
- [MR59C.5 WACHS Cancer Services – Pre-Admission Nursing Assessment Tool](#)
- [MR59C.6 Day of Treatment Nursing Assessment Tool](#)
- [MR59D WACHS Cancer Services -Treatment Infusion Observation Chart](#)
- [MR59E WACHS Cancer Services - Continuation Sheet](#)
- [MR59F WACHS Cancer Services – ISOBAR Handover Form](#)
- [MR59G WACHS Cancer Services – Telephone Triage Tool](#)
- [MR59H WACHS Cancer Services - Supportive Needs Assessment Tool for Aboriginal People \(SCNAT - AP\)](#)
- [MR59i WACHS Integrated Cancer Services \(ICS\) Referral Form](#)
- [MR111 WACHS Nursing Admission, Screening and Assessment Tool – Adults](#)
- [MR140 WACHS Medical Emergency Response \(MER\) / Code Blue Response](#)
- [MR170.1 WACHS Medication History and Management Plan](#)
- [MR170G WACHS Antineoplastic Therapy charts](#)
- [MR179 WACHS Peripheral Intravenous Cannula Observation Record](#)
- [MR179A WACHS Central Venous Access Device \(CVAD\) Insertion & Assessment Record](#)
- [MR179B WACHS Central Venous Access Device \(CVAD\) Insertion Site Assessment Continuation Sheet](#)
- [MR179C WACHS CVAD Access-Dressings Continuation Sheet](#)
- [MR860 Antineoplastic Therapy charts](#)
- [WACHS Medical Alert Cancer Treatment](#)
- [WACHS Safety Risk Report Form \(SRRS\)](#)

Related Training Packages	Charm OMS eLearning WACHS are utilising SMHS eLearning packages.
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: N/A (minor amendment)
National Safety and Quality Health Service (NSQHS) Standards	2.04, 2.06, 2.07, 4.01, 4.02, 4.04, 4.05, 4.11, 5.15, 6.03, 6.04, 8.10, 8.11.
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
2.02	14 November 2024	13 July 2020	Minor amendments related to OMS: <ul style="list-style-type: none"> • Verbal/Telephone/Telehealth Orders section moved from this document to Systemic Anticancer Therapy Procedure. • updates to terminology and definitions • Appendix C and Appendix D: Regional and WACHS CCGG Escalation Flowchart updated
2.03	2 September 2025	13 July 2020	Minor amendment to: <ul style="list-style-type: none"> • remove link to rescinded Cancer Institute NSW Standard Cancer Treatments -eviQ – EUCP Policy • change wording in relation to use of eviQ from endorsed to supported.

9. Approval

Policy Owner	WACHS Executive Director Nursing & Midwifery
Co-approver	Executive Director Clinical Excellence
Contact	WACHS Cancer Nurse Practitioner
Business Unit	WACHS Cancer Services
EDRMS #	ED-CO-16-82092
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This document can be made available in alternative formats on request.

Appendix A: Prescribing on the WACHS Generic Cancer Treatment Chart MR170G

A WACHS Generic Cancer Treatment Chart MR 170G is to be used to prescribe eviQ supported protocols when a suitable chart is not available at WACHS DCTUs that don't have access to the OMS. This can be obtained on request from the cancer pharmacist.

The prescriber is to include:

- patient's name, date of birth and medical record number
 - if an addressograph is used the patient's name must also be printed
- the name of the protocol
- indication for use
- weight/height and body surface area (BSA) recorded
- "No known allergy" or allergy and adverse drug reactions identified
- cycle number
- any additional investigations required
- premedications and intravenous fluids
- medication name (generic name) – unless otherwise stipulated for identified medications
- dose including units
- route of administration for all medications prescribed
- rate and volume of infusion and diluent
- due date of administration
- name, signature, prescriber number and date of prescribing
- all medications required e.g. additional oral medication's included in the protocol,
- medications that are PBS authority require a separate PBS prescription to be written.
 - Medication orders must be PBS compliant
 - To be written/generated on PBS prescription stationary, specify the PBS prescriber number, include applicable PBS Authorities and require the quantity or length of treatment and number of repeats permitted (if any)
 - Consult pbs.org.au for further information or discuss with the Regional Cancer Pharmacist

Appendix B: Request for New Antineoplastic Therapy Chart

All requests for the development of a new chart for antineoplastic therapy are to be submitted by completing this form and emailing to WACHScancerpharmacist@health.wa.gov.au

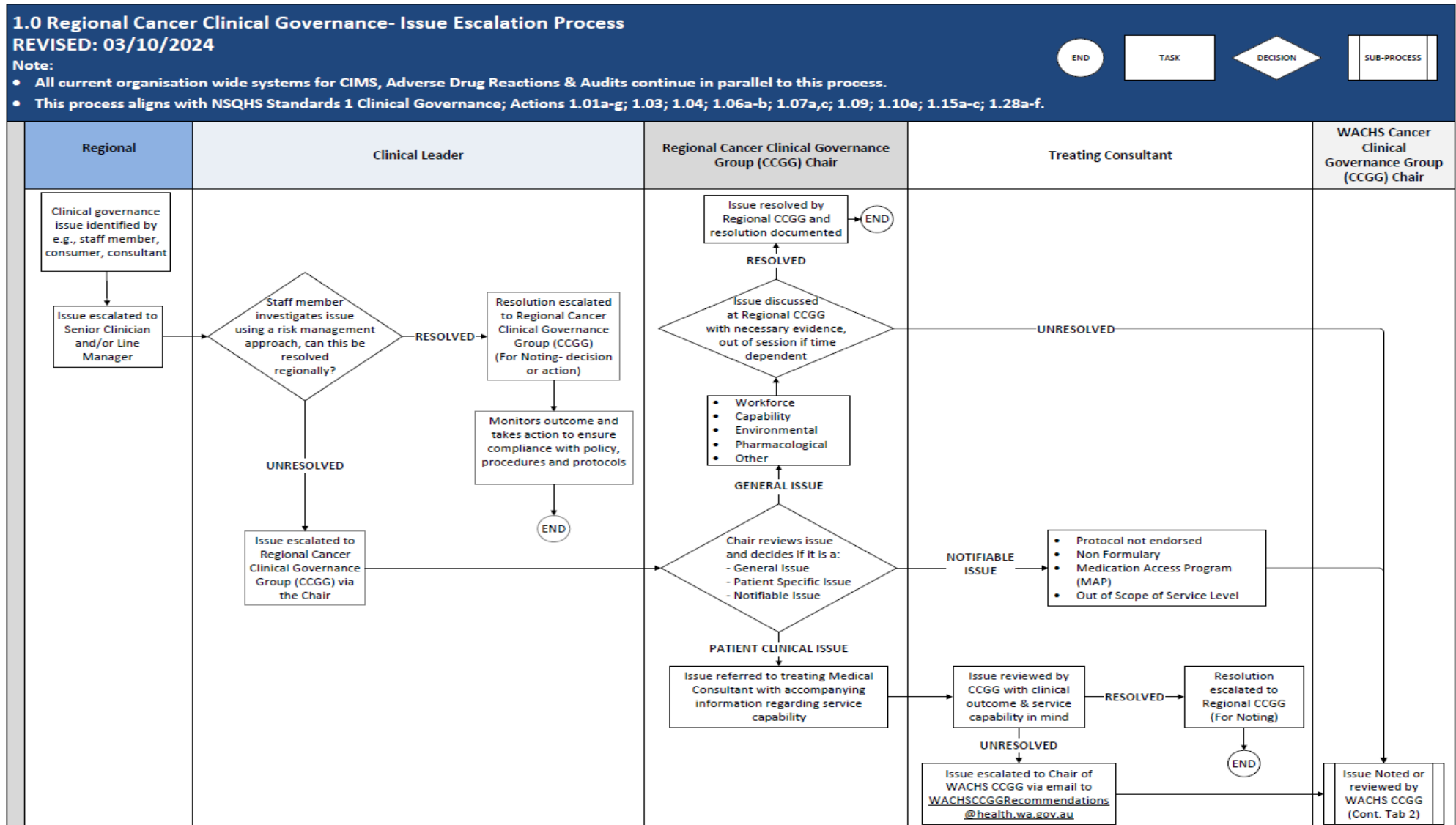
The time frame in which the new chart is required should be indicated. Note a minimum of a two week turnaround is preferred to facilitate robust governance and surety of procedures.

WACHS Cancer Services – request for a new antineoplastic therapy chart

Requested by:		Date of Request:	Date required:
Name of Protocol:		eviQ ID or details of DTC approval (including reference):	
Tumour type:		Funding: PBS/non PBS (if non PBS declare funding)	
Medicine	Dose Basis	Frequency (days of tx or number of doses)	Route
Cycle length:		Number of cycles:	
Supportive care requirements:			
Critical tests or investigations required:			
Additional notes:			
Required by date:			
On completion of above, email to: WACHScancerpharmacist@health.wa.gov.au			

<p>WACHS CCGG USE ONLY</p> <p>Date request received:</p> <p>Date of CCGG meeting discussion:</p> <p>Minute reference:</p>	<p>Recommendation:</p>	<p>Request:</p> <p>Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Signed: _____</p> <p style="text-align: center; font-size: small;">Chair WACHS CCGG</p> <p>Date:</p>
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Appendix C: Regional Cancer Clinical Governance Escalation Flow Chart



Appendix D: WACHS Cancer Clinical Governance Escalation Flow Chart

